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MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO.	FILING DATE		
						101648139			
						APPLICANT(S)			
CLAIMS									
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	*	*	
IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1	1	1	1	1	51			
2	2	1	1			52			
3	2	2				53			
4	3	3				54			
5	3	3				55			
6	3	3				56			
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45						95			
46						96			
47						97			
48						98			
49						99			
50						100			
ITAL D.	1	1	1	1	1	TOTAL IND.			
ITAL D.	6	6	6	6	6	TOTAL DEP.			
ITAL AIMS	7	7	7	7	7	TOTAL CLAIMS			